

## **The process of Transfer: The micro-influences of Power, Time and Learning**

### **Key words:**

Policy Transfer, Power, Agency, Time, Learning, Ukraine, Moldova

### **Abstract:**

To date there have been a number of studies that have examined how policies move from one jurisdiction to another. However, few of these have examined the micro-interactive effects of actors, necessary to understand how actors shape outcomes over time. The aim of this paper is to engage with this micro-level literature through an empirical study of policy transfer in the field of architectural norms in hospital construction in post-Soviet states. To do this we generate several theoretical assumptions that will link the transfer literature to wider debates in the governance framework. The goal will be to discover how the power of actors interacts in the policymaking processes to influence outcomes over time and in light of learning. What we hope to do is bring the interactive and dynamic effects that occur between agents attempting to shape the transfer process back into the transfer picture. The aim is to show that power flows over time and that these flows alter the shape and outcome of the transfer process.

## INTRODUCTION:

In July 2018, a new health care issue animated the public in Republic of Moldova, a small post-Soviet country: doctors issued fake diagnosis of pneumonia for children (especially babies) in order to complete the hospital beds requirement and receive State subsidiary. One paediatrician went so far as to report:

What happens there cannot be called medical treatment. In these hospitals, whatever the problem you go with, the final diagnosis is pneumonia...They don't respect any protocol. Why? Because doctors and directors are interested in putting such diagnosis. This is done because the financing of hospitals depends on the number of the patients they have. (<http://agora.md/stiri/47537/pediatricul-mihai-stratulat--despre-doua-spitale-pun-copii--diagnoza-pneumonie-pentru-a-face-bani--reactia-spitalului--guvernului-si-cna>)

To understand this issue, one needs to know a few things about the hospital reforms in post-Soviet states. In 2000 Moldova and Ukraine launched hospital reforms aimed at reducing the number of hospital beds and modernising the building infrastructure. Both actions were linked to Soviet inheritances: during the existence of the Soviet Union a large number of hospitals were constructed based on sanitary and building standards commonly issued for all Soviet republics (SNIP and GOST). These norms followed the principles of the planned economy more than the healthcare needs of each Soviet republic. During the first decade after independence, both Ukraine and Moldova started reducing the number of hospitals and focused on developing the primary healthcare facilities. Despite these reforms, the number of hospital beds remained an important

source of funding. At the same time, the problem of the obsolescence of the inherited hospital buildings also remained unsolved, pushing patients to look for costly surgeries abroad.

In an era of globalisation and increased interdependence, a number of questions relating to the import, export and mixing of policy models needs to be considered when examining policy change and development. One way to capture this is through the concept of policy transfer and its analysis of the circulation of policy norms, institutions and technologies (Dolowitz and Marsh 1996, 2000 2012; Dolowitz 2017; Dobbin, Simmons and Garrett 2007; Stone 2000, 2016; Volden and Shipan 2008; Graham, Shipan and Volden 2013, 2014; Hadjinski, Pal & Walker 2017). While a range of scholarly work has attempted to capture these dynamics, much of this has been done through the lenses of globalisation and diffusion. These studies often adopt an institutionalist explanation, using variables such as political systems, elections, path dependencies, laws, socio-cultural norms, institutionally informed tacit knowledge and perceptions. In adopting structural explanations, many studies downplay the relations *between* actors and the *power* struggles constantly occurring (Gilardi 2012; Maggetti & Gilardi 2015; Graham, Shipan and Volden 2014; Lee and Strang 2006) and how these struggles shape the final outcome of the policy process.

To bring these elements back this article will focus on agency and time. While adopting an actor-centred perspective is not a new idea (Dolowitz and Marsh 2013; Powell and Dimaggio eds. 1991; Sabatier and Jenkins-Smith 1993; Scharpf 1997; Strang and Meyer, 1993; Wolman 1992), this article will use it in combination with the transfer framework to examine how agent interactions shape policy outcomes. The reason for focusing on

agent interaction is that preferences tend to be established through interaction with other actors. The second factor, time, is crucial, as the policy transfer processes generally takes time and operates at different tempos. Within these actors' will often be in communication with and across networks, feasibly altering positions, which will influence short and long-term preferences, resources and power configurations. Hence time, timing and tempo of interactions and actions influence the transfer and outcome processes (Bulmer, Dolowitz, Humphries and Padgett 2007; Peck 2002, 2011, Wood 2015a, 2015b; Dolowitz 2017). Actors will make use of their knowledge during the transfer process to advance their preferences in three ways: instrumentally, conceptually and strategically. As such, it is important to stress that interactive effects change as power shifts during the transfer and policymaking processes. Understanding how these changes are reflected in the way actors become involved in the process is crucial to understand the probability of transfer taking place and in what form. In other words, 'while institutions make things possible, people make things happen' (Zahariadis 2014, 28; Saurugger 2013).

To study the role and interactions of actors, power and structures in the transfer process in Ukraine and Moldova this article will develop a series of assumptions which allow us to examine: 1) How power relations influence the transfer and mixture of policy models from one context to another; 2) What influence time, timing and tempo have on actors' behaviours and relations? 3) How contextual frames shape behaviour and how this shapes the policies that are subsequently transferred and implemented (for good overviews of some of these questions see: Dolowitz 2017; Dolowitz and Marsh 2012; Hadjinski, Pal & Walker 2017; Ward and McCann 2013).

## **Methodology**

This article adopts a case study methodology to examine the movement of ideas and policies from West to East, focusing on the key actors and agents and their changing relationships over the course of the movement and implementation processes. The first step was to conduct a critical literature review of the recent empirical literature involved in the study of policy transfer focusing specifically on agency in the transfer process between international and national actors. From this, we identify a series of factors that our study on the transfer of architectural norms from France, the United Kingdom and Germany to Ukraine and Moldova can help unpack and advance.

We chose the modernization of post-Soviet states as an empirical base for two reasons. While a number of studies examine the influence of the European Union on these countries (Europeanization and European neighbourhood policy) a large part of those still underestimate the influence of national and international variables other than the EU's on policy change (Saurugger & Surel 2006; see also Walker 2018). Second, while both countries are former parts of the Soviet Union, the power structures operating between actors at the domestic level are substantially different. During the era of the USSR both Ukraine and Moldova had a common Soviet corpus of architectural norms for hospital building: the SNIP and GOST Soviet technical rules and standards. At the same time, Ukraine had more resources than Moldova for hospital building as it hosted the subsidiary of the main Soviet architectural institute for healthcare facilities ('Ghipronyizdrav'). Thus, during and after the Soviet era, Ukraine inherited more experienced consultants and architectural facilities than Moldova in the field of hospital building. If we see that power relations both amongst domestic actors and between domestic and foreign actors, time and timing influence the transfer of architectural norms to Ukraine and Moldova in similar

ways, despite their different initial situation, the internal but also external validity of our assumptions can be considered to be stronger (Blatter and Haverland 2012, Beach and Pedersen 2013, 146).

This article is based on qualitative process-tracing approach. In the context of a broader research project, we conducted a three-year participant observation, mainly focused on the Kiev hospital project, by assisting the major meetings between the French and British architects and the Ukrainian decision-makers. Furthermore, 90 interviews and questionnaires were conducted with key policy actors in France, UK, Ukraine and Moldova. These interviews and questionnaires were designed to trace the processes and individuals involved in the hospital modernization, based on international standards, in Ukraine and Moldova. A first set of interviews examined the construction of the Children Hospital of the Future, in Kiev (Ukraine) by British and French architects. A second set of interviews examined the reconstruction of the Republican Hospital of Chisinau (Moldova) by German engineers. A final set of interviews was held to judge the modernization of primary care health centres in Moldova, which was guided by the World Bank. We will refer to a selection of these interviews in this article.

### **Agency and timing in policy transfer studies**

Actors make transfer possible. To understand this, most studies take a view that actors are rational beings, making decisions based on cost-benefit analysis: the higher the benefit in relation to the costs of adopting a *foreign* model the higher the probability that transfer will take place (Llaci, Dibra and Tabaku 2010; Mossberger and Wolman 2003; Rose 1991; Schimmelfennig and Sedelmeier 2002, 2004; Dimitrova and Steunenberg

2016). Actors tend to be framed as benefit-seeking agents with in-depth knowledge of the consequences of their acts, and who have the power to carry their preferred solutions through to conclusion. This analysis results in a static view in which actors are not thought as being able of or needing to change during the transfer and policymaking processes.

More in-depth micro-level studies on international organisations as change agents show a different picture, illustrating three different aspects that are lost in more macro level studies that consider actors as purely benefit-seeking agents: the influence of transfers on power relations at the domestic level; the role of time and timing on actors' behaviours, and, finally, the influence of contextual frames on the policies that are transferred and implemented (Hadjinski, Pal & Walker 2017).

#### *Transfer and power relations*

During the importation of ideas, domestic agencies and associations can use foreign concepts to empower themselves in the policy debate, in order to 'position themselves as indispensable components of the emerging policy solution' (Prince, 2009, 178). In this instance the success of this strategy depends on domestic actors transforming foreign information into a *standard form* understandable by other domestic actors, before using it. By standardizing international ideas and information change agents are able to present information in a *global form* or 'an assemblage perspective', which was 'indigenised', as policies made their way through the policy process (Prince, 2009, 169; Delpeuch and Vassileva, 2009). Anders (2007) analysis of the public service reform in Malawi shows this phenomenon. Here the IMF and the World Bank (WB) deployed specific tools to bring about reform under the umbrella of *good governance*. Both organizations maintained

pressure on the Malawian Government until it implemented the desired changes (Anders, 2007, 92). Helping to ensure the success of the transfer (as defined by the IOs involved), as a condition of assistance, the World Bank insisted that the Malawi government design and operate a special organisation – the *Public Sector Change Management Agency*. The purpose of this organization was to evaluate the activity of different ministries as the Bank released money (Anders, 2007). As a result, the IMF and World Bank insisted on the development and *empowerment* of a new institution at the national level. The belief was that through its establishment agents could change the power relations between the central government and its ministries. The newly created agency allowed it to externalise the control of the reforms and reinforced the legitimacy of the central government vis-à-vis its ministries which could shift the blame for stricter controls to an independent agency while, at the same time, implementing the reform.

We find a similar example in Morocco and Tunisia where the EU and other international organizations introduced the idea of establishing participatory commissions and administrative decentralisation. However, in this instance national decision-makers were able to adapt and use imported tools to favour their own interests. Hence, instead of more democracy, the dominant domestic actors used the new structures to shore up their regimes. Here, powerful domestic actors tolerated the transfer because the international organizations could not become involved in the implementation of the reforms. As such, in many cases, ‘the aim of “decentralisation” which is promoted by many international projects, is transformed by local actors into measures of “recentralisation” that increase the state’s control on the local representatives’ (Allal, 2010, 112). This illustrates how national actors can alter the power relationships so as to reorient the intended goal of a transfer as the policy process proceeds through the implementation process. Hence, even



when actors appear to be subservient to the international, they can be in a position to change power relations, even to the point of deviating the course of the transfer process in order to frame it in accordance to their needs.

Existing actors can indeed actively work at altering power relations when engaging in transfer (and the subsequent translation of the models into their home system), as do new actors when they enter the process. Ancelovic and Jenson (2012) show how the *International Centre for Transitional Justice* (ICTJ) became a lead institution in transferring *Truth and Reconciliation Commissions* (TRC). In this role, it actively sought and benefited from the support of powerful actors operating in a number of European countries, such as the UK, Belgium or France. This allowed the ICTJ to find a platform and support in the form of the European Commission and the United Nations. This reinforced the strategic position of the ICTJ in the eyes of the international community and provided it with the legitimacy necessary to forward their model.

These studies lead us to assume that power relations, strategic moves, and alliances influence the degree to which the transfer will be accepted, pursued over time, or succeed as intended once implemented. Hence not only the asymmetry of power between the receiving and donating agent influence the outcome, as rational choice approaches would argue, but also the capacity of agents to alter the dynamic of the policy transfer.

### *Timing*

Policy transfer occurs in different, often overlapping, time cycles and at faster and slower tempos. Wood, in her research on rapid transit polices in South Africa and South America

shows that policy circulation is rarely a rapid, straightforward process, but gradual, repetitive and at times delayed (Wood 2015a). In particular, political time and individual time influence the speed and degree of transfer as can efforts to slowdown or speedup the process. For practical purposes, political time can be divided between *domestic time*, such as electoral cycles and policy calendars, and *international time*, such as strategically planned moves and meetings of international bureaucracies (Goetz 2009; Dyson 2010; Saurugger 2014; Stone 2010). As such, the time horizons, the sequencing, the tempo involved in the policy cycle, and the temporal properties of policy matter, are important but often overlooked in transfer studies.

Where timing has been used, there has been an implicit (and at times explicit) belief that the longer the transfer and policymaking processes lasts the higher the probability of change (Bulmer 2009; Zito 2009, Ladi 2011), particularly as games develop and shift over time (Peck 2002). For instance, Huré (2014) illustrates how JC Decaux hit obstacles to what they thought would be a straightforward transfer of its bike-sharing scheme and technologies from Lyon to Barcelona. The key differences between Lyon and Barcelona concerned the length of time involved in the transfer and how this permitted new actors to *invade*. In the case of Lyon, JC Decaux was able to work with a small number of local actors (public transport is managed at the level of the City), including a number of local political allies. In Barcelona, the firm had work not only with the local level but also the municipality levels. This situation forced the transfer agent to operate on two levels of governance; which greatly increased the length of time the transfer took.

Time and reorientation also appear in Kesa's study of the transfer of police practices from Estonia to Georgia (Kesa, 2015). Initially it appeared as if transfer would result in a basic

copy-paste of the model. However, as the process drew on and new actors entered, the Georgian representatives ended up adopting a solution that was substantially different from what Estonian experts offered (Kesa, 2015, 106). In this case, Georgia *deliberately* worked at bringing in new domestic actors to strategically slow down the transfer process until policymakers preferred models could be adopted and implemented despite the wishes of those proposing the Estonian model.

### *Context*

While the role of time is clearly important, many transfer studies argue that powerful actors are able to get their preferred option adopted (Bocklehurst et al 2000, Lavenex and Schimmelfennig 2009) regardless of the preferences of the adopting system. This, however, is only possible if the power relations remain the same though the entire policy process and those in the driver's seat do not change their preferences. Micro-level studies have shown that in cases where initial actors have not remained active through the implementation of a policy, domestic actors tend to adapt or translate what is initially proposed, particularly after the policy reaches the local level (see: Allal 2010; Christensen et.al. 2008; Favarel-Garrigues and Startsev 2007; Mavrot 2017). The gap between the original *model* and what is adopted in practice can be said to have undergone a domestic *appropriation* (transformation) process that re-orientates the transfer towards the needs and preferences of indigenous agents. However, what these studies neglect is that when the initiating agent is able to remain active in the transfer the room for adaptation is often reduced. This can occur due to the direct involvement of the actor (such as an NGO's) or through learning processes where the initiating actor is able to *educate* local agents in

ways that get them 'on-board' as partners in the transfer process, or when new institutions designed to monitor and control the implementation process can be created.

Time and politics can complicate this. While senders may be present for long periods; *political time* is a variable that changes, being a catalyst or an obstacle to transfer. For instance, Huré found that Barcelona City officials tried to speed up the *tempo* of the adoption of the Lyon model so that the scheme could be adopted before the elections, knowing that after the elections the political environment would likely turn against the model, despite the fact that the importation process was well under way (Huré, 2014).

Taken together these illustrations imply that on average the more control one actor (or set of actors) has in the policy process, and the better positioned they are to guide a preferred option through the policy process, the more likely the transfer will occur as planned. However, the longer it takes, the more likely actors will emerge who will attempt to forward their own models thus altering the transfer and eventually leading to a mixture of lessons being combined into the final product.

## **AGENCY DURING TRANSFER PROCESSE**

### *Hospital construction in Ukraine and Moldova between 1991 and 2010: elements of context*

During the era of the Soviet Union, both Ukraine and Moldova experienced the construction of a large number of medical facilities applying the principles of the Soviet health system (Semashko). A number of those buildings were constructed during 1960 and 1970 resulting in overcapacity. At the same time, the economic crisis of 1980 left

fewer resources for hospitals, particularly in terms of medical equipment and technologies compared to Western nations.

In addition to the number of Hospitals constructed, a common characteristic of Soviet hospital design was strict compliance to SNIP and GOST technical norms and standards. The latter specified precise dimensions of the surface area of every hospital room as well as the medical equipment and construction materials to be used, leaving architects and administrators with little room to manoeuvre. In contrast, architects and planners in EU member states designed hospitals based on patient's needs (and competitive calls), with technical norms eventually specifying the minimum or maximum dimensions and surface areas.

At their independence in 1991, both Ukraine and Moldova inherited common hospital design characteristics and architects trained according Soviet features. However, while Ukrainian and Moldovan architects and engineers shared a Soviet experience in their training, Ukraine inherited of a larger number of specialists in hospital design as Kiev hosted one of the regional healthcare planning institute. Moldova, on the other hand, lacked specialists in the field before and after 1990.

### *Power relations*

The assumption that emerges from much of the existing literature relating to resources and power potentials, argues that international institutions and powerful national actors use (amongst other things) technical and financial power as a way of transferring Western models into 'less developed' nations, particularly those wishing to 'join-a-club' (such as

the EU or WTO). In our study on the transfer of Western hospital design norms to post-Soviet states, we found that an asymmetric power relationship clearly influenced the transfer process. In relation to Moldova, we found a fairly typical power relationship, where the World Bank was actively driving the hospital reform, using its financial and *expert* position to prescribe the content of the transfer that was subsequently integrated into Moldovan hospital projects. Officials in the Ministries of Health and Construction confirmed this and to deviating from their own 'national standards' in order to receive external aid (Interviews: 15 & 30 April 2010). World Bank consultants forced changes to the initial project presented by the Moldovan Ministry of Health. As Ministry officials explained, the World Bank insisted on the construction of a higher number of facilities and fewer large spaces:

Our building standards date back from 1982-1984 and we still use them nowadays. These standards provide requirements for the maternity, the stomatology building etc. for all the medical facilities. They very clearly state the surface area of each building and those areas are very large. The World Bank gave us a credit for the reconstruction of primary health centres in rural areas. But their experts were shocked when they saw our standards: in their view, a rural health centre needs to be of more or less 100m<sup>2</sup>, as it depends of regional health centres, so the surface area is very limited...Upon our standards, a health centre can be of 1000m<sup>2</sup> (Interview: 24 March 2010).

Following negotiations, the Moldovan authorities altered their plans and accepted the advice of a group of Danish consultants, called in by the World Bank, who designed the medical facilities based on 'Western standards'. As a result of these alterations to

accepted norms, and in order to validate the architectural plans the Ministry of Health had to ask for a legal exception from the Ministry of Construction:

We wrote a letter to the Ministry of Construction when we started the reconstruction of primary health facilities. We explained that the World Bank wants us to build 35 centres of 100m<sup>2</sup> adopting the Western standards, instead of only 15 centres upon our standards in Moldova. So, we asked for an exemption to our standards for this project (Interview: 24 March 2010).

In this case, the World Bank required the adoption of the foreign standards as part of its financial conditionality. More generally, Moldovan authorities were forced into compliance with the Bank because they needed the healthcare facilities and knew that a rejected project by the Bank would compromise any future projects.

International funding bodies are seen as powerful actors using conditionality, technical knowhow and financial leverage to bring about their desired change. Other international actors, such as consultants, foundations, and private firms are usually seen as *soft agents* (Simmons et al., 2008, Stone 2010). As a result, the later organizations tend to develop *negotiation* strategies in order to *convince* others to adopt their solutions (Plugaru, 2014). In the construction of the hospital in Kiev, European private firms lacked the power to insist on the use of West-European construction standards, so they adopted *strategies to convince the Ukrainians of the merits of adopting them*. When this failed, the firms chose a strategically important moment to issue warnings that they would stop the project if their conditions were not respected.

As in the Moldovan case, the major issue concerned the respect of national design standards necessary for obtaining the building permit. During the meetings between Ukrainian and French-English contractors,<sup>1</sup> the latter first praised the Western practice for designing a hospital, but insisted on its incompatibility with the Ukrainian design standards:

We asked advice from our local partner who knows the Ukrainian building standards. He confirmed that these were inherited Soviet regulations and standards that stated specific size area and medical processes for hospitals, in line with the needs of the planned economy of that era. There was no way for us to design the hospital we won the competition with upon those standards. (Interview: 13 December 2010).

At a vital moment in the negotiations, foreign architects warned they would leave the project, knowing that this would have unacceptable repercussions on the Ukrainian decision-makers (especially the President who supported the operation). They also knew that Ukrainian decision-makers publicly stated that in relation to the tempo of reform, they wanted to sign the contract before Christmas. This led to a 'reformed' attitude on the part of Kiev who ended up accepting most of the recommendations. The difference with the case of the World Bank (who simply applied coercive means from the beginning) is that the international firm involved in this project only adopted a *strong-arm strategy* after an opportunity emerged for them to push their solutions onto the agenda and were

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<sup>1</sup> These observations are based on direct participation at the meetings involving the development of the Kiev Children Hospital of the Future in July and December 2007, in Grenoble and Paris, France.



ultimately involved in the process of selling the merits of their ideas over that of other agents.

Two points emerge from this: first, competition often exists among international actors attempting to offer *a best* solution allowing domestic actors to gain power beyond their 'natural' position. Second, transfer by international organisations does not necessarily depend on conditionality or coercive mechanism, rather it can be based on strategies designed to convince local actors of the appropriateness of preferred foreign solutions. In this exchange, local actors are not neutral or powerless, they are often able to combine solutions as a means of *empowerment*. In a similar way, foreign agents can use transfer as a means of strengthening local actors; as a way of gaining a bridge into the endogenous policy process. In this formulation, foreign actors identify and rely on (empower) domestic actors who use transfer as a resource that helps to increase their own power. In other cases, international actors can, if the situation allows, bypass existing actors and stimulate the development of new actors who can forward their agenda or guide a policy through the policymaking and implementation processes. When none of these work senders often find preferred solutions reoriented by domestic actors, despite their coercive or persuasive powers.

Our case study shows how power relations between international and domestic actors influence the process of transfer. Moldova's Ministry of Health had to undertake actions in order to deviate from the national building rules in order to comply with the 'recommended' World Bank reforms. In the Ukraine, while international medium-size private firms seemed to be in a weaker position than the domestic actors, they nonetheless found a way to alter the situation in order to alter the negotiation situation

in their favour. In light of these findings, we see that within the transfer process power is a nebulous and shifting commodity. It is a commodity where powerful agents may need weaker agents, where weaker agents can use powerful agents, and where both can adopt a range of strategies to create environments favourable to their preferred ends.

### *Transforming cognitive frames through learning*

Based on a definition of learning in the transfer process as occurring when an *agent engages in activities that lead to a relatively permanent, potential change in their behaviour, understanding, and/or outlook, and that this is a direct result of information received from an exogenous socio-political system or institution* (Dolowitz 2009), we discovered a range of learning activities taking place amongst key Ukraine and Moldova actors. However, unlike much of the literature related to learning and transfer, we also found that national actors in Ukraine and Moldova did not uncritically engage in learning. Rather they reported that they were more willing to adopt foreign ideas and solutions when they were *convinced* of the validity of the solution which involved a considerable amount of exchange and interaction rather than simple power point presentations or workshop participation (Dunn 1983).

In Ukraine, national decision-makers were at first enthusiastic about the idea of Western architects designing. This enthusiasm was linked to an extremely favourable political environment; the support from the Administration of the Presidency and the President's spouse. The first draft plans of the hospital were entirely developed by French and English architects (participant observation in the French architect firm Groupe-6, 2007-2010). In this first stage of the project, we noticed little learning as the Ukrainians insisted

on giving a free hand to the French and English architects: 'We want them to design a hospital as they usually do in their own country. We visited hospitals in France and also in UK and even in the US. We chose them because we want the same for our country' (Interview: 12 May 2010). 'We don't want their local Ukrainian architect and partner to get too much involved because we are afraid, he will start to put his Soviet experience over it. And this is definitely what we are looking to avoid' (Interview: 14 April 2009).

As the project advanced this situation changed as Ukrainians became increasingly sceptical about the designs being offered that they did not understand. One of the main issues related to fire exits, which were differently designed in France and in Ukraine. During the meetings, Ukrainians asked the French architects for more detailed information:

We need to have technical arguments and not only 'this [is] how we do in our country'. This was not enough at this stage of the project. Especially we need to defend these foreign design solutions in front of our national administrations to obtain building permits. So, we asked the French architect to show us the French regulations that present the fire exits they draw...We need to understand how this works elsewhere (Interview: 7 May 2010).

These doubts on the efficacy of foreign solutions appear to be also linked to changes in the political environment, Viktor Yushchenco no longer being the favourite candidate for the approaching 2010 presidential elections. It was at this time that the Ukrainians asked for more detailed information in order to be prepared to defend the foreign solutions in front of their own national administrations.

More substantial learning occurred when French architects offered plans for a maternity unit, which had a delivery room with a space for father's change of clothes (meetings at French private practice Groupe-6, Paris, March – May 2008). Ukrainian architects noted that 'This cannot be possible in our hospitals' as fathers were not allowed in the delivery room when a caesarean section takes place. However, the French architects developed their argument basing it on the personal experience of one of the architects who was in the operating room during his wife's caesarean. The conveyance of this experience and argument convinced the Ukrainian decision-makers to introduce this design component into their hospital, arguing that it would be a way to modernize the countries healthcare facilities and *attitudes* (meetings at French private practice Groupe-6, Paris, March – May 2008).

Learning takes time and involves more than simple acceptance. In this, the learning process is not always perceptible. At the beginning of Kiev project domestic actors tended to be uncritical about the transfer, only when the details emerged did they begin to take a more active role in learning. This forced foreign agents to provide information and explanations about how their hospital design facilitated hospital efficiency that they were willing to incorporate foreign solutions. In this process domestic actors passed from a stage where they were not interested in learning but simply copying, to a stage where they didn't understand the plans offered and remained resolutely opposed, to a stage where they came to understand and accepted the foreign design.<sup>2</sup>

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<sup>2</sup> Participant observation allowed us to observe the lengthy and detailed discussions that occurred between the French and English architects and the Ukraine contingent, and how this led the Ukrainian delegation to change their views in relation to relevance and use of international guidelines.

A similar process occurred in Moldova when German consultants attempted to alter the design of a hospital in Chisinau. National actors rejected their solutions until they had gone through *cycles of learning*. It was only after national actors had worked through ideas with foreign consultants enough to integrate the logic of the transferred solutions into their own cognitive frames that their opposition dissipated.

It is worth stressing that when domestic actors did not engage in the learning process, they actively resisted the importation of foreign models. The most striking example can be seen with the Ukrainian *Children Hospital of the Future*. Here, local architects continued to repeat Soviet era practices even after being asked to modify their plans. The reason given for their resistance to change was that: 'We did it as we knew, as we have always done' (Interview: 17 May 2010). In the absence of learning, domestic actors worked to modify the foreign design according to their own experiences and beliefs, thus introducing what is often discussed as resistance to a transfer they were officially supporting.

The importance of learning and knowledge updating can also be seen when we compare actors who engaged in the learning to those who did not. For instance, after an extended learning cycle, officials at the Moldova Ministry of Health were convinced of the utility of foreign ideas. However, even after this, they faced opposition from bureaucrats who were not involved and thus were unaware of the advantages taught to the officials. As a result, the latter were attached to the Soviet standards as the only ones they were sure of:

In order to validate a different standard, I need to be convinced of its efficiency. I need to see how things can work differently...But we have technicians in our

country who have never seen a Western hospital. Usually, it is the Board who travels abroad, not the technician. Or, the technician needs to see and to learn about new ways of doing, new standards. (Interview 24 March 2010)

In this case learning and knowledge updating appears to have been a pre-condition for policy transfer. Without it 'national experts know only their own standards and nothing more. It is impossible to debate and convince them of something else in this case' (Interview: 24 March 2010)). While a pre-condition, learning does not imply that transfer automatically takes place. Domestic actors are not always convinced of the efficiency of external solutions. The implementation of foreign standards of hospital design in Ukraine and Moldova depended on the struggles between domestic actors who learned and were convinced to modernize hospital based on foreign experience and others who were 'stuck' (attached to or convinced of the efficiency) of the inherited models.

The empirical evidence provided by both the Moldovan and Ukrainian cases confirm the assumption that transfer is better implemented when domestic actors integrate the transferred solutions into their cognitive frames and/or when they see it as a resource. Both Ukrainian and Moldovan actors agreed to put in practice the foreign solutions when they understood them and were convinced of their efficiency and feasibility in their country, as well as when they saw it as a way to modernize their hospital design.

### *Time, Timing and Tempo*

Based on our case studies it appears the longer transfer takes the more likely new actors are to enter the process, bringing new interests and leading to new conflicts which are

likely to result in the transformation of the policy solution. This assumption is complicated by the nature of the transfer processes, which tends to involve multiple stages, where different institutional settings and interactions among actors can alter outcomes. Further complicating the picture is that the more a dominant actor is able to control the timings involved in the transfer, i.e. who and when different agents and ideas enter during the process, the more he is able to keep the transfer unaltered and closely to his preferences. When a single actor can control the entire transfer and policymaking process, they are better able to control what is transferred and how it is translated into a new system. However, when a single dominant actor is not present (or cannot convince local actors of their approach), a considerable range of outcomes and processes emerge.

The development of hospital reform in Moldova and Ukraine illustrates that as the processes unfolded, new actors entered bringing a range of different interests and resources that altered the initial content. For the Kiev hospital, the longer the process took, the more actors joined in the review of the plans, this led to further discussions and debates regarding the content of the transfer. The plans designed by the French architects at the beginning of the project were first accepted by the Ukrainian contractor who wanted to copy the foreign standards. Later, these plans were submitted to the Ukrainian medical staff, who added demands on the organisation of medical departments. Because these demands concerned local regulations, Ukrainian architects modified the original French plans based largely on Soviet era design. At one point, the Ukrainian contractor decided to avoid all local intervention and imposed the version offered by the French consultants. He was able to do so while benefiting of political support from the President. Nevertheless, by the end of the project the political environment changed, and the Ukrainian contractor was not sure of obtaining the building permit from national

administrations (largely opposed to the President). So, when the Ukrainian administration demanded change in order to make them fit existing Ukrainian standards (backed-up by formal rules), the plans were modified again:

At this stage of the project, we were not able to guarantee anymore the adoption of Western standards. This is why we tried to speed up the project all along; we wanted to obtain the building permit while we had President on our side. Now we had to adapt the plans and comply with the Ukrainian regulations. It's a pity for all the work we've done until now. (Interview: 19 May 2010)

The Ukrainian case underlines two points. First, by the end of the project, the design of the Kiev hospital had the imprint of various actors' interventions, each of which drove it away from its initial form. Second, the Ukrainian contractor was able to keep the Western design close to its original model, despite the intervention, as long as he controlled who and when they entered the process.

In Moldova, the participation of the medical staff effectively forced German architects to modify the project:

I don't know where the German consultant saw medical staff working this way, and in these conditions, but we don't think this can work for us in Moldova. We have different conditions here. So, we asked them to change their initial design and to increase the number of operating theatres (Interview: 3 April 2010).



As in Ukraine, the participation of the local architect resulted in the introduction of domestic standards and a step away from the foreign design. Our point is not to analyse the degree of adaptation or transformation but to stress the evolution of the foreign solutions is a process that appears to be stimulated the longer the process of transfer takes, and as new actors enter the process and work at altering the initial model or idea.

In our case studies the degree of change of the initial model appeared to be correlated to the duration of the transfer agent's presence in the policy process. We found that the longer the sender was active in the process more likely their solution was adopted (or adopted with a minimum of alteration). This is preference by two observations: first, the longer interaction occurred, the stronger the relationship between the senders and the receivers become, which appeared to favour processes of learning what the sender was teaching; and second, that the interaction and involvement needed to occur at all the stages of the process. We stress that senders do not necessarily need to be physically present in the country where the transfer takes place. Rather, senders can take the receivers through a process of *immersion* in which the receiver comes to see the sender/s model as their own. When this works, senders can avoid becoming *bogged down* in the institutional obstacles and the power struggles that could interfere with the transfer if they were to be seen to be actively involved. In this, sequencing does not imply that it is a static and fixed framework where things can go only one way and not the other. On the contrary, by following the actions of actors during the various stages, we can observe how at different moments in time the transfer can be more or less fluid, how it takes one path or another and how this ultimately shapes the content of what is transferred and ultimately implemented.

In light of our findings, we conclude that as a general principle, the longer a sender is able to remain involved, the less transformation of the initial model occurs at the domestic level. However, this is only true under the appropriate circumstances. If the political context or ruling parties change, even active senders can find their solutions altered or rejected. Similarly, while actors may be able to influence the formation of a policy to their advantage, once they work at the local level, they face a range of obstacles that may dilute their efforts.

## **Conclusion**

This paper unpacks what is often taken as a straightforward process, where power is static, actors are either for or against a transfer and the entire process follows some form of rationality. What we found is that none of these assumptions are entirely correct. Seldom can a single actor dominate the entire transfer process. Hence the further the policy moves into a political system the more likely it is to be transformed by domestic actors.

It is not enough to examine transfer as a one-off event; it must be seen as a process that develops as it enters and works its way through the domestic policymaking setting. In this, time, timing and tempo matter, despite the infrequency in which they appear in transfer studies. At a minimum the ability (or not) of domestic actors to slow down (or speed up) the process of transfer, policymaking or implementation act to alter power relations and the amount of information available. Alone, these acts are sufficient (though not necessary) to help domestic opposition collate and work at transforming initial lessons or policies brought from abroad (or prevent them from ever forming). We also observe that under the specific circumstances powerful dominant actors can force policy

change. Though this often depends on the ability to guide (co-opt domestic players) the policy through its implementation, as in the case of the IMF and World Bank conditionality linked domestic preference shaping programs in Moldova. Some situations allow dominant actors control most of the time, at others, domestic actors retain power to reform imported solutions in ways unintended by the sender. For instance, it is clear that legal codes and traditional ways of doing things are often paths that must be overcome (or adapted to) if transfer is to progress smoothly. As this study shows, this is particularly salient for post-Soviet states where inherited institutions, structures and ways of doing influenced the power agency during transfer processes. Despite the fact that Ukraine had more domestic resources for reforming healthcare facilities than Moldova (more consultants and training institutes), Ukrainian decision-makers still chose to appeal to Western architectural firms for the construction of new hospitals, just as their Moldovan counterparts did. At the same time, inherited institutional structures influenced the power relationships in similar ways in both Moldova and Ukraine: even though Moldova had fewer structural impediments to the development of healthcare facilities, the transfer of architectural norms from Western consultants opposed local resistance when local actors intervened or when inherited norms had to be applied. As in Ukraine, domestic actors leading the hospital modernization process had to make arrangements and exemptions in order to make transfer happen. Finally, both Ukrainian and Moldovan decision-makers used the transfer processes of their hospital modernisation not only for reforming hospitals but also for reforming parts of their architectural norms for healthcare facilities. In this, the initial transfer of Western design consultants for the hospital modernization open the way for reforming architectural rules and norms for the construction of healthcare facilities in both countries.

Understanding structures while crucial is not enough. It is also important to understand how the actors involved in the transfer processes use structures to shape the transfer process. For instance, if agents of transfer are able to use or create institutions to help them act as teachers it is more likely that the transfer will occur as planned. Overall what we showed is that agent interaction is a central variable in explaining the outcomes of policy transfers. This interaction must be viewed and understood in more subtle ways than rational choice preferences of actors. Actors' preferences change through different processes and through time. Without taking power relations, learning, as well as time and timing seriously when studying policy transfer, the outcome of the transfer process is unlikely to be fully understood or appreciated.

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